NON-CONFIDENTIAL - REDACTED VERSION

Approved by OMB 3060-0819

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

509012	
Study Area Code (SAC)	rtification form for each SAC through which it provides Lifeline service).
Utah	Nexus Communications, Inc.
State	ETC Name
ReachOut Wireless	N/A
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	Yes No X using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
C.F.R. § 76.1200.	tership or control with, another person. 47 0.3.C. § 133(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
n/a	n/a
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be partnership agreement).	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete t	his section
I certify that the company listed above has certification pro	ocedures in place to:
	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am authabove.	orized to make this certification for the Study Area Code listed

Approved by OMB 3060-0819

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt

K	L
Number of	Number of
subscribers whose	subscribers de-enrolled or
eligibility was	scheduled to be de-enrolled as
reviewed by state	a result of finding of
administrator,	ineligibility by state
ETC access to eligibility	administrator, ETC access to
database, or by USAC	eligibility database, or USAC

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Initial

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	SK	
ıııııaı	2,	

NON-CONFIDENTIAL - REDACTED VERSION

Approved by OMB 3060-0819

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes x

No \square

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q			
Month	Subscribers De-Enrolled for Non-Usage			
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Subscribers				

Signature Block

By signing	below,	I certify t	hat the	company	listed	above	is in	con	pliance	with	all fed	eral	Lifeline	certif	ication
procedures	. I am	an officer	of the	company	nameo	l abov	e. I	am	authoriz	ed to	make	this	certifica	ation	for the
Study Area	Code ((SAC) liste	ed above	e.											

Signed,

Signature of Officer

steve@tsihomephone.com

Email Address of Officer

Steven Fenker, President

Person Completing This Certification Form

Steven Fenker, President

Printed Name and Title of Officer

January 30, 2015

Date

740-549-1092

Contact Phone Number

NON-CONFIDENTIAL - REDACTED VERSION Affiliated ETCs

SAC	Name
	None for all of Nexus's SACs
	<u> </u>